

BARBARA J. MYERS State Board of Ed 3
Candidate's Name (print) Office District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
Filing Fee (State) Secretary	J	5/12/00	\$200

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CAMPAIGN EXPENSES

REPORT PERIOD Number 1

Barbara J. Myers State Representative 3
Candidate's Name (print) Office District (if applicable)

Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	B	
Expenses related to travel	C	
Expenses related to advertising	D	
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	H	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses <u>FILING Fee</u>	J	<u>\$200</u>